	Caco 22 10070 ama Dag 21	Tilad 0E/	10/22 Entere	40E/10/2	2 15.2	2:21 Doco Mo	in
Fill	in this information to identify your case:			Chec	k one bo 122A-1S	conly as directed in this	s form and in
D	ebtor 1 Caron Nicole	Guillory				no presumption of abus	20
	First Name Middle Name	Last Name					
_	ebtor 2 Spouse, if filing) First Name Middle Name	Last Name		of	abuse ap	ulation to determine if a oplies will be made und t Calculation (Official Fo	er <i>Chapter 7</i>
		rn District of	Pennsylvania		The Mea	ns Test does not apply military service but it co	now because ould apply later.
	ase number 23-10979-amc known)				الماد الماد الماد	is is an amended filing	
					neck if th	is is an amended filing	
<u>Of</u>	ficial Form 122A-1						
Cł	napter 7 Statement of Your (	<u>Curren</u>	t Monthly I	ncome			12/19
nd eca vith	ch a separate sheet to this form. Include the line number to case number (if known). If you believe that you are exemple ause of qualifying military service, complete and file State of this form.  The complete are complete and file State of the complete and file State of this form.	pted from a p	resumption of abuse I	oecause you	do not ha	ve primarily consumer	debts or
1.	What is your marital and filing status? Check one only.						
	Not married. Fill out Column A, lines 2-11.						
	☐ Married and your spouse is filing with you. Fill out bot ☐ Married and your spouse is NOT filing with you. You a						
	Living in the same household and are not legally			and B. lines 2-	11.		
	Living separately or are legally separated. Fill out under penalty of perjury that you and your spouse spouse are living apart for reasons that do not inc	t Column A, li are legally s	ines 2-11; do not fill out eparated under nonbar	Column B. B	y checking nat applie	s or that you and your	
ex	aried during the 6 months, add the income for all 6 months a xample, if both spouses own the same rental property, put the 3 in the space.						
				Debtor 1		Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).		\$5,3	357.14			
3.	. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.				\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.				\$0.00		
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00					
	Ordinary and necessary operating expenses	\$0.00					
	Net monthly income from a business, profession, or farm	\$0.00	Copy here		\$0.00		
6.	Net income from rental and other real property	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$0.00					
	Ordinary and necessary operating expenses	\$0.00					
	Not monthly income from routel or other real property	\$0.00	Copy				
	Net monthly income from rental or other real property		——— here →		\$0.00		
7.	Interest, dividends, and rovalties				\$0.00		

Debtor 1

Case 23-10979-amc Doc 21 Filed 05/10/23 Entered 05/10/23 15:32:21 Desc Main Caron First Name Middle Name Page 2 of 3

Column A Column B

Column A Column B

			Column A Debtor 1	Column B Debtor 2 or non-filing spouse					
	8. Unemployment compensation		\$0.00		1				
	Do not enter the amount if you contend that the under	amount received was a benefit							
	the Social Security Act. Instead, list it here:								
	For you	\$0.00							
	For your spouse								
	9. Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exce do not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, ther that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 o	pt as stated in the next sentence, annuity, or allowance paid by the disability, combat-related injury or I services. If you received any in include that pay only to the extent of to which you would otherwise be	\$0.00						
	10. Income from all other sources not listed above. Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, the United States Government in connection wi injury or disability, or death of a member of the list other sources on a separate page and put the	Social Security Act; payments ainst humanity, or international or pay, annuity, or allowance paid by th a disability, combat-related uniformed services. If necessary,							
	Estimated pro rata 2022 federal tax refund		\$0.00						
	Total amounts from separate pages, if any.		+	+					
D	11. Calculate your total current monthly income. A each column. Then add the total for Column A to	to the total for Column B.	\$5,357.14	+	= \$5,357.14  Total current monthly income				
	Determine Whether the Means Test A	-							
12.	Calculate your current monthly income for the year. Follow these steps:								
	12a. Copy your total current monthly income from lin			Copy line 11 here →	\$5,357.14				
	Multiply by 12 (the number of months in a year)				<b>x</b> 12				
	12b. The result is your annual income for this part of	the form.		12b.	\$64,285.68				
13.	Calculate the median family income that applies to you. Follow these steps:								
	Fill in the state in which you live.	Pennsylvania							
	Fill in the number of people in your household.	2							
	Fill in the median family income for your state and size of household								
14.	How do the lines compare?								
	14a. ☑ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> .  Go to Part 3. Do NOT fill out or file Official Form 122A-2.								
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2.</i> Go to Part 3 and fill out Form 122A-2								

Debtor 1

Case 23-10979-amc Doc 21 Filed 05/10/23 Entered 05/10/23 15:32:21 Desc Main Case number (if known) 23-10979-amc Doc 11 First Name Middle Name Doc 12 Dast Name Page 3 of 3

First Nar

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X Caron Guillory

Signature of Debtor 1

Date 05/02/2023

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.